

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/779,135	FILING DATE		
11-22-04 37505 CLAIMS						APPLICANT(S)			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1		1		51			
2		1		1		52			
3			1		1	53			
4		1		1		54			
5			1		1	55			
6		1		1		56			
7		1		1		57			
8	1		1		1	58			
9		1		1		59			
10		1		1		60			
11			1		1	61			
12		1		1		62			
13	1					63			
14		1		1		64			
15		1		1		65			
16			1		1	66			
17		1		1		67			
18		1		1		68			
19		1		1		69			
20		1		1		70			
21			1		1	71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3	1	4	1	4	TOTAL IND.	1	1	1
TOTAL DEP.	17	1	16	1	16	TOTAL DEP.	1	1	1
TOTAL CLAIMS	20	1	20	1	20	TOTAL CLAIMS	1	1	1